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# **Collaborative Solutions for an Aging Minnesota**

## *A Report to the Minnesota Board on Aging*

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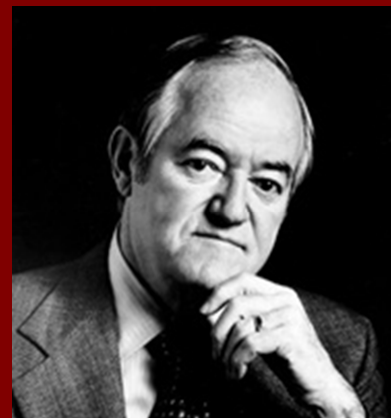
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*"The moral test of a government is how it treats those who are at the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadow of life, the sick, the needy, and the handicapped."*



- Hubert H.  
Humphrey, 1976

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# BACKGROUND

Minnesota is on the precipice of an unprecedented age wave. 2010 Census data shows the number of Minnesotans over age 65 was 683,121 in 2010, but is projected to more than double in size to approximately 1.4 million by 2030. This represents an increase in older Minnesotans as a percentage of the population from 12% in 2010 to nearly 20% in 2030.



By 2020, there will be more people in Minnesota aged 65 or older than school-aged children for the first time in the state's history. With this change comes many challenges as well as many opportunities (Minnesota State Demographer, 2010).

## Acknowledging the Challenges

In addition to the many opportunities an older population brings, from increased experience to financial resources, an aging population also brings an increased rate of chronic illness and disability. With that rise comes an increased number of older adults and the informal caregiving networks needing access information to assist in making decisions about long-term services and supports. Further, as more people receive services in their own homes rather than in institutions, the number of frail and vulnerable people living in the community will continue to increase.

While Minnesota has already taken a number of steps to prepare for these changing demographics, the 2012 County Long-term Services and Support (LTSS) Gaps Analysis Survey conducted by the Minnesota Department of Human Services shows several gaps in aging and adult services:

- companion service (64%)
- non-medical transportation (60%)
- medical transportation (58%)
- adult day care (57%)
- culturally competent delivery care network (22%)
- chore services (65%)

## Working Together

Research and interviews with a variety of state experts on aging show Minnesota has a robust network of individuals and organizations playing active roles in harnessing the opportunities and addressing the issues related to an aging state. Key stakeholder groups, including older adults and their families, state agencies, area agencies on aging, statewide provider associations, academic researchers and other subject matter issue experts, are actively involved in a variety of promising projects and collaborative efforts. An inventory of these key stakeholders identified in this study can be found in Appendix 5.

It is clear the responsibility for addressing opportunities and challenges associated with an aging state does not lie with one segment of this network; efforts at this scale cannot be handled by a single government agency, corporation, or nonprofit organization. Nor can the responsibility lie with one single sector — public, private or nonprofits. This work is — and must continue to be — an increasingly cooperative effort among various government agencies, private-sector firms, institutions of higher learning, advocacy organizations, senior centers, adult day programs and other organizations. Most importantly, to be successful, this work must also include the voice of older Minnesotans themselves.

Research indicates collaborative partnerships offer the most promise for bringing about innovative solutions and for developing and deploying new resources (Rose Karol, 2006; Auburn Jessica Gratz, 2012; Maurer et al, 2013).



# ABOUT THIS REPORT

This report has been prepared for the Minnesota Board on Aging to further understand and shape the collaborative work of the public, private, and nonprofit actors creating and implementing policy and non-policy interventions to address the growing needs of Minnesota's aging citizens.

## Research Process

For the purposes of identifying key issues related to aging, academic literature covering the last two decades was reviewed. As the greatest resources available on topics related to aging proved to be national in scope, special effort was made to explore and identify state-specific accounts, such as testimony at Minnesota state legislative hearings and publications from various public and private agencies. These sources were examined to gain a deeper understanding of issues relevant specifically to Minnesota. Primary research and analysis in this project was conducted from May through July, 2015.

To further develop an understanding of the current aging landscape in Minnesota, a list of stakeholders viewed as being actively involved in advancing statewide policy and non-policy interventions was compiled and a survey of them was conducted. Emphasis was placed on stakeholders viewed as actively participating in policy and non-policy discussions and collaborations at the state level. A smaller cohort of key issue experts and individuals with regional or specific issue expertise was also included. Additional information was collected directly from these key stakeholders. Details of this stakeholder list are provided in Appendix 5.

## Research Questions

To accomplish this project, the following questions were explored:

1. What are the key issues related to aging that may benefit from policy and non-policy interventions?
2. Who are the key stakeholders — including grassroots stakeholders — engaged in advancing aging solutions?
3. What opportunities exist for Minnesota to take the lead on these issues?



As issues or topics arose requiring additional conversation, several in-depth key informant interviews were conducted with stakeholders in July, 2015. Additional details about the interviews can be found in Appendix 3.

In addition, based on encouragement from the Minnesota Board on Aging staff to explore in greater detail the opinions of older adults, a focus group was conducted with individuals representing grassroots organizations of older adults. Additional information on the focus group and its participants can be found in Appendix 4.



From the literature review and survey of key stakeholders, important themes emerged around the gaps and opportunities present in the current work on issues related to aging. The key informant interviews and focus group provided an opportunity to talk-through these issues and gain additional detail and necessary nuance to further develop the themes.

In general, this process helped ensure the thoughts, values, and opinions of older adults, as well as those of the state organizations actively involved in these issues, were included. In a final step, all available data was analyzed to develop the final recommendations presented in this report.

## **Limitations of This Report**

This report is the culmination of qualitative research as outlined above, integrated into a summary of the issues related to an aging state population as well as identification of collaborative opportunities for addressing those issues. In addition, 34 key leaders in the field of aging were invited to participate in a brief survey; 20 responded. Follow-up interviews with one dozen leaders were also conducted in order to gain clarification or gather additional information, thoughts and opinions on issues related to aging and related stakeholder collaborations.

While significant efforts were made to engage a diversity of stakeholders and thought leaders from the public, private, and nonprofit sectors — particularly through the stakeholder survey and interviews — these project results do not provide a statistically significant, randomized sample of the thoughts and opinions of all of Minnesota's aging-related stakeholders. The same limitation holds true related to the grassroots focus group.

The findings, therefore, should not be seen as a scientifically valid, comprehensive picture of the state of Minnesota's aging sector, but as a snapshot reflective of a diversity of voices and experiences, combining to form an informed, academically rigorous analysis of the issues and potential solutions.



# KEY ISSUES

Minnesota is recognized as one of the best states in which to grow old across a variety of metrics, such as the 2014 *State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* from AARP, The Commonwealth Fund and the SCAN Foundation. This standing can be credited, in part, to a strong history of state leadership addressing key issues. From expanding access to home and community-based services to creating more dementia-capable communities, there are a number of activities that can be identified as strengths. However, research also shows several challenges remain in addressing this unprecedented demographic change. The issues related to aging are broad. Analysis of national literature, together with input gathered from our state survey of key Minnesota stakeholders indicate the following list of major issues should be addressed in the coming years:

Financing	Workforce	Community	Diversity	Systems
<ul style="list-style-type: none"><li>• Rising medical expenses</li><li>• Dependency on Social Security</li><li>• Access to affordable housing</li><li>• Limited lifetime employment options</li></ul>	<ul style="list-style-type: none"><li>• Fewer young workers per older adult</li><li>• Low wages and interest in jobs</li><li>• Skill training</li><li>• Supports for the large informal caregiving networks</li></ul>	<ul style="list-style-type: none"><li>• Access to and capacity of community-based services</li><li>• Access to supportive living environments</li><li>• Availability of transportation</li><li>• Knowledge and understanding of aging issues</li><li>• Abuse, neglect</li></ul>	<ul style="list-style-type: none"><li>• Lacking cultural competency of providers</li><li>• Prevalence in minorities to fall victim to scams</li><li>• Racial factors</li><li>• Intergenerational connections</li></ul>	<ul style="list-style-type: none"><li>• Integration of medical and social services</li><li>• Access to healthy food</li><li>• Economic disparities</li><li>• Leadership of state services and efficiency</li><li>• Inclusion of older adults in solutions</li></ul>

These issues are interdisciplinary in nature, and interdependent on one another. More detail follows below.

## Financing

Health care spending related to an aging population poses a serious challenge. As recently as 2013, the World Health Organization Global Health Expenditure database shows U.S. expenditures at 17.1% of Gross Domestic Product. As the population ages, this challenge will only intensify expenditures. Changes in the distribution of earnings and demography have already affected the financing of the Social Security system and the progressivity of benefits among groups and over time. It is estimated that the number of people in the workforce per retiree will go down gradually as the current generation of working older adults enters retirement (Aaron 2014).

According to 2009-11 data (Cooper and Gould, 2013), about 44.6% of people age 65 and over in Minnesota are economically vulnerable, and a single economic shock could push them precariously close to or into outright material deprivation. If Minnesota can hold down the growth of health care spending, the fiscal challenges posed by an aging population may be mitigated. Given rising longevity, Social Security may also see inadequate funds to sustain current benefit levels (Aaron, 2014). Other factors include the societal expectation of retirement at or around age 65, which remains relatively static despite consistent growth in the number of years of healthy living that Americans can expect. Further, employers continue to prefer younger workers to older adults, despite the fact that older adults may remain healthy contributors if more flexibility and age friendly work environments existed (Croo, 2014).

## **Workforce**

Minnesota faces workforce challenges in two primary areas. First, additional training, policy support and societal recognition are required to maintain the informal caregiving networks that make up the majority of older adult support systems today (Helmstetter, 2014). Second, as the population increases, a larger professional caregiver workforce will be needed to serve older Minnesotans. Given low pay and correspondingly low status in society for caregiving careers, as described in the 2012 LTSS Gap Analysis Survey, focus on enhancing training pipelines and increasing wages and societal respect is needed.

Concerns about the aging-related workforce being sufficiently trained to meet the needs of Minnesota's aging population was the second most commonly cited issue on the survey of key Minnesota stakeholders. While noted by a smaller number of survey respondents, five percent of respondents also identified caregiver support as an issue of note.

## Community

Minnesotans want to stay vibrant, engaged, and independent at all ages (Frey, 2011). This raises pressure on communities to ensure they are adapting to the growing number of citizens at older ages. To meet the challenge, readiness and capacity of communities, particularly in the suburbs and rural communities, is necessary. This work includes providing suitable housing environments at a variety of economic levels, providing accessible transportation options, and increasing the public's understanding of aging issues, such as dementia (Bass, 2000; Kerr et al, 2011, Staplin and Ferund, 2013). According to Thomas (2012) the abuse and neglect — particularly financial exploitation — experienced by older adults also hampers healthy community environments and must be addressed.

“

***It's at times like this you turn to the Board on Aging; they have the mandate for this work.***

”

***– Key Informant Interview Participant***

A significant number of respondents to the stakeholder survey, 45% in total, identified “long-term family and community-based care” as a key issue faced by the state. Other respondents also listed issues related to housing and services, including 15% who identified “affordable housing and housing choices.”

## Diversity

Minnesota is a diverse state, home to people of many different ethnicities, religions and languages. According to 2010 Census estimates, Minnesota will see an increase in the population of immigrants and people of color in the coming years. Inadequate levels of cultural competency exist across state systems, legislative policies, and in the caregiving workforce which often leaves people — particularly minorities — vulnerable or underserved (LTSS Gap Analysis Survey, 2012). Along with underlying issues of racism and ageism, the focus group further noted the common segregated experienced by older adults from the broader population, which can give the appearance of pitting generations against each other. This fails to reflect the broader challenges families face in seeking to ensure the state is a great place in which to grow up and grow old.

## Systems

Minnesota is among the leading states when it comes to health-related outcomes for its residents - according to the *State Long Term Services and Support Scorecard*, sponsored by the AARP, The Commonwealth Fund, and The Scan Foundation (2014). But economic disparities surface with age, creating health inequities.

The active involvement of older Minnesotans in policy making is lacking; the opinions of older adults are usually taken in the form of surveys or evaluation (Helmstetter, 2014), but older adults are not actively engaged in the policy-making process. The key informant interviews and focus group highlighted the importance of engaging older adults at the community and state levels as active participants in the policy-making process in order to bring perspectives and experiences to help address key issues.

These issues facing Minnesota are not new, however the significance and public attention given to these issues does appear to be increasing as the population begins to see a significant rise in the number of older adults living in Minnesota. These issues are already covered in several reports, including the state's submission to the 2015 White House Conference on Aging.

“

***From transportation system deficits in rural Minnesota to prevalent ageism, we must plan and address challenges big and small.***

”

***– Focus Group Participant***

# GAPS AND OPPORTUNITIES

In digging deeper into the factors that lie beneath the key issues described above, a series of underlying factors was identified:

## Minnesota's Mindset on Aging

Across state organizations, systems and in society at-large, aging is most often framed through a lens of “problems” or, at best, “challenges” to be resolved. Despite the many opportunities that come from having a community of older adults capable of leveraging knowledge and expertise, examples of pride and respect for aging or being an older Minnesotan appear rare.

In the state stakeholder survey data and interviews, when asked to identify the key aging-related issues facing Minnesota, several respondents referenced the challenge of mitigating financial and service drains on society and the challenges associated with the changing desires of older adults, such as access to housing. There exists an interest in changing the focus of conversations on aging from being centered on healthcare and provider issues to broader community engagement opportunities. For example, nearly half of the sector leaders participating in the survey saw a need for a shift in policy focus from senior living communities and healthcare services to support and resources for older adults to “age in place” or support community-level supports.

“

**Look at aging through an intergenerational lens and don't pit generations against each other; be it youth, working years or older adulthood, Minnesotans at all levels must be engaged.**

”

*– Focus Group Participant*

Along these same lines, focus group participants provided an impassioned discussion during which the following observations were made:

- Negative attitudes toward aging prevail: ageism is alive and well in education settings, workplace practices and often reinforced in the media.
- Minnesota isn't radical enough: unprecedented demographic shifts merit far bigger, bolder and more integrated work around aging as a state. For example, the Board on Aging's memo for the White House Conference on Aging and the conference itself fail to recognize the priority of issues related to aging.
- The focus on aging is primarily on provision of healthcare and other services not on wider community value; there is a lack of community investment, mobilization, organizing and advocacy on aging issues.

“

**Older adults have so much to contribute; we are missing an enormous opportunity as a society turning down these great people.**

”

*– Key Informant Interview Participant*

“

**There are a lot of organizations that say they speak for older adults, but few who actually do.**

”

*– Key Informant Interview Participant*

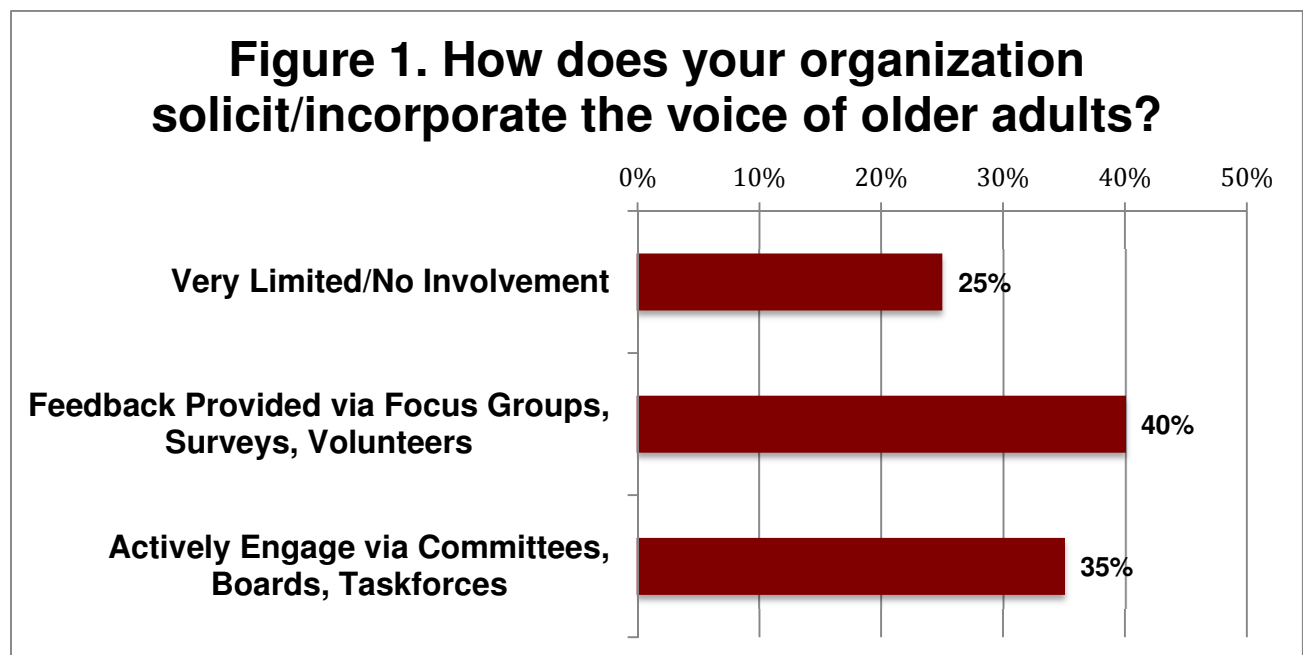
## Minnesota's Engagement of the Voice of Older Adults

The voice of the older adult is not actively being engaged in the development or implementation of policy and non-policy solutions.

In the survey of key Minnesota stakeholders (Figure 1) working on aging issues, respondents were asked to indicate if they are incorporating “*the opinions and values of older adults in (their) work*,” and, if so, how. One quarter of respondents either indicated that they do not incorporate the opinions or values of older adults, or they were unable to articulate a way in which they are currently doing so. Thirty-five percent of respondents formally engage older adults on their boards, in committees, or in working groups/task forces, while 40% actively seek the feedback and opinions through surveys, focus groups, interviews or other means of data collection.

“  
**Since the closure of the Minnesota Senior Federation, there has not been a voice for Minnesota's older adults.**  
”

– Key Informant Interview Participant





Focus group members expressed a clear belief that more should be done to get the voices of older adults directly to the table, including a special emphasis on including older adults from minority cultures. Participants stressed conversations around aging issues should not be *about* them, but should *include* them.

Two specific takeaways from the focus group further bolster this belief. First, they stressed that new technologies and communication tools exist to allow new ways to listen and connect with older Minnesotans, but lack robust experimentation and investment to engage their voices. Second, they noted the large population of healthy older adults with a wide range of untapped talent who are eager to provide greater value, but lack opportunities.

## Existing Collaborations

The root of what can be celebrated about Minnesota's success — and what is identified by many as the biggest opportunity — is effective collaboration among state stakeholders. State stakeholder survey data shows that more than a third of survey respondents indicated a need for a shift in overall approach to one that is more collaborative, particularly around end of life planning and long-term care models.

Stakeholders were surveyed on six factors related to collaboration in the current MN aging community (Figure 2). A range of opinions exist regarding factors that are currently considered effective and those that are not. Overall, there is opportunity to increase stakeholder-wide competency in all of the collaboration factors. Survey respondents identified knowledge sharing (95% either neutral or positive) and building trust (90% either neutral or positive) as the two factors in which the range of stakeholders was most effective. These can both be viewed as strong positive points from which to expand on existing collaborations, and to build future partnerships and collaborative efforts.

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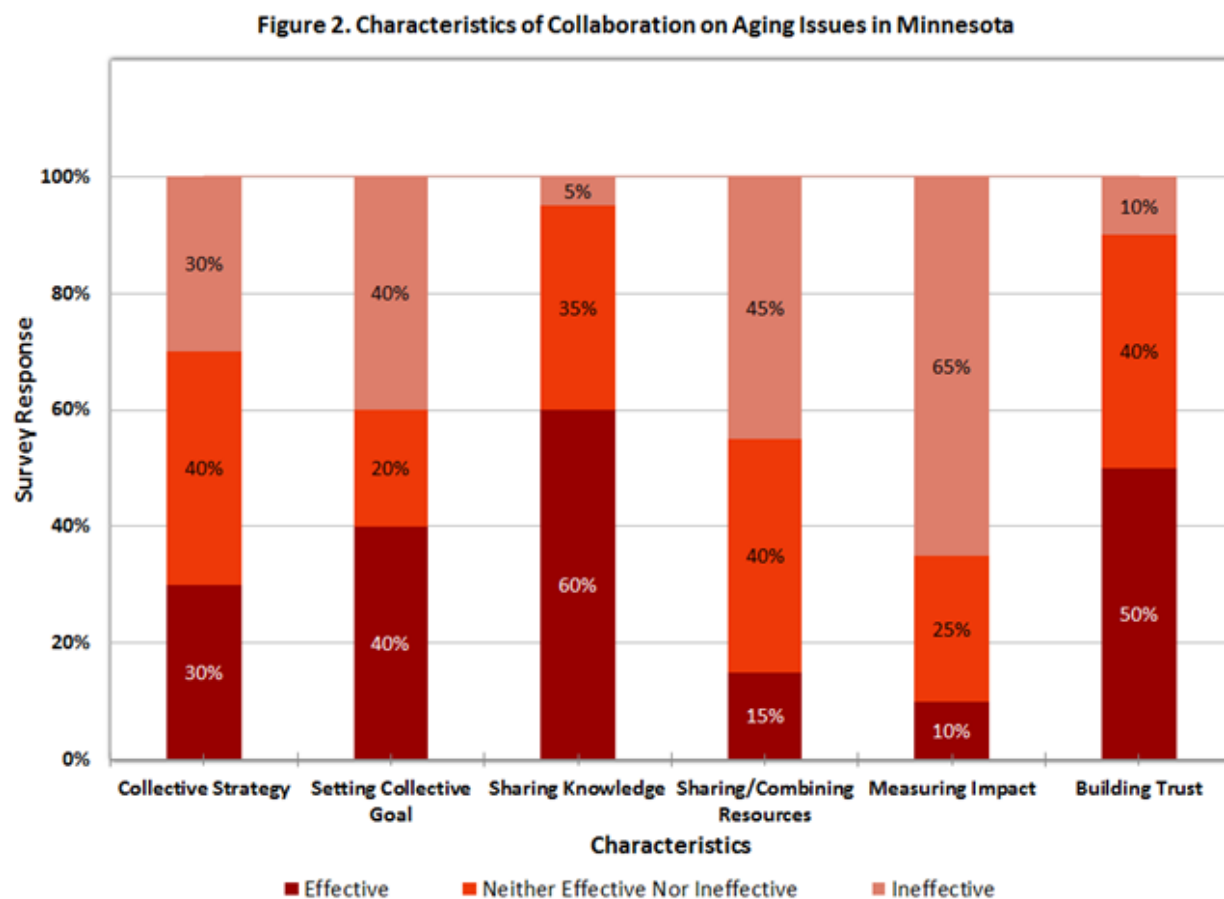
**We don't have a long-term care system; what we have is provider-driven. They think what they're doing is good, but there is no strong voice for older adults.**

”

*– Key Informant Interview Participant*

The three areas in which survey respondents indicated the sector was largely performing ineffectively were: setting collective goals (40% ineffective, 20% neutral), sharing/combining resources (45% ineffective, 40% neutral), and measuring impact (65% ineffective, 25% neutral). Sharing/combining resources may point to a foundational issue in forming effective collaborations, as it could indicate a lack of financial resources available to create such relationships. It may also point to a competitive funding environment (for nonprofit and government agencies alike), or a crowded, competitive marketplace (for private sector organizations) in which agencies are unwilling or unable to share financial resources.

The other two factors are fairly closely related: setting collective goals and measuring impact. One could interpret from these results that a lack of collective goal-setting might lead to an inability for the sector, as a whole, to measure their overall impact. But on a positive note, these are also potential areas of growth for the sector, if the stakeholders are indeed interested in further collaboration in these areas.



Focus group participants also noted that non-traditional community partners (e.g. the Children’s Defense Fund, labor unions, women’s groups, community centers, etc.) are not as engaged as they could be if aging was viewed as a broader societal issue. Additionally, focus group and interviews both noted a lack of priority within certain community leaders. For example, stakeholders noted Minnesota’s business community and major foundations have not made meaningful progress in addressing cross-cutting societal impacts of aging.

Survey respondents were asked to identify, based on their professional expertise and experience, an example of collaboration among the various groups working on aging-related issues in the state that is, in their opinion, “producing results.”

“

**If Minnesota had the right person to call people together, I think the state is ready. Why compete when we can do so much more together?**

”

**– Key Informant Interview Participant**

“

**I hope there can be a broad-spectrum, well-funded new structure to bring political, business, and others together.**

”

**– Key Informant Interview Participant**

## ACT on Alzheimer's

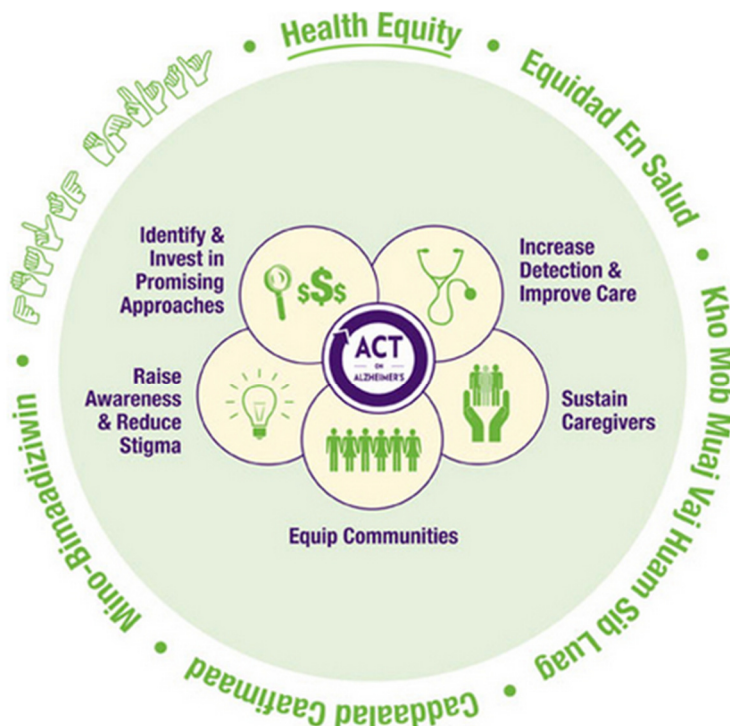
In an open-ended question, over half of the survey participants, when asked to identify a state collaboration that was viewed as effectively “producing results,” identified ACT on Alzheimer's.



In 2009, the Minnesota Legislature charged the Minnesota Board on Aging with establishing an Alzheimer's Disease Working Group (ACT on Alzheimer's, 2015). In addition to the Board on Aging, this group included a variety of key state stakeholders, including the local Alzheimer's Association, the University of Minnesota, state agencies, aging services providers and their associations, community members, caregivers and others.

In 2011, the working group delivered a set of recommendations to prepare Minnesota for the future impacts of Alzheimer's disease, and a subgroup carried forward with a collective action approach to the issue under a new name: ACT on Alzheimer's. Working together, the group advanced five key focus areas (Figure 3).

**Figure 3. ACT on Alzheimer's Focus Areas**



Source: <http://www.actonalz.org/>

“

**We all owned this, to benefit everyone, not just one person (or group) participating.**

”

**– Key Informant Interview Participant**

## Collective Impact

ACT on Alzheimer's uses collective action principles to foster large-scale systems change.

National interest and excitement is building for the collective impact approach to working together. A number of initiatives across the country brought cross-sector participants together with great success.

### Figure 4. Additional Examples of Collective Impact

- *Cincinnati Ohio's Strive, a nonprofit subsidiary of KnowledgeWorks, tackled the student achievement crisis and improved education outcomes throughout greater Cincinnati and northern Kentucky.*
- *Elizabeth River Project in southeastern Virginia, which made great progress in cleaning up the Elizabeth River, which for decades had been a dumping ground for industrial waste.*
- *Shape up Somerville in Massachusetts, whose participants succeeded in reducing and preventing childhood obesity in elementary school children by showing a statistically significant decrease in body mass index among the community's young children.*
- *Communities that Care in Chicago, Illinois public housing program, which placed 6,000 public housing residents in new jobs exceeded their goal by 20 percent.*
- *Memphis, Tennessee's Fast Forward program reduced violent crime and created more than 14,000 new jobs.*

*Channeling Change: Making Collective Impact Work, Fay Hanleybrown, John Kania and Mark Kramer, Stanford Social Innovation Review, 2012*



These initiatives possess five conditions that authors say distinguish the collective Impact approach from other collaboration models and are keys to success. They include: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and the presence of a backbone organization.

Hanley Brown et al (2012) contend that the complexity inherent in large-scale social problems necessitates working together. Individual programs, no matter how successful, cannot singlehandedly create and sustain the large scale change required to solve complex adaptive problems.

Emphasizing a collective impact approach for public issues, the authors state:

***“...large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations... substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn’t happen often, not because it is impossible, but because it is so rarely attempted. Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.”***

According to pioneers of the collective impact model, these initiatives are best positioned for success if three conditions are present:

1. An influential champion in place who is a dynamic, influential leader (could be a small group of champions) and who can gain the respect and interest of executive-level leaders. He/she must be passionate about the issue but also willing to forgo promotion of his/her own point of view to allow the participants freedom to arrive at their own solutions.
2. Adequate financial resources to last for at least two to three years, to include at least one solid funder who can support the project and mobilize other resources to pay for the planning and infrastructure needed.
3. A sense of urgency for change. Is there a crisis or catalyst such as an opportunity for funding that might generate an impetus?

When the three conditions are met, a collective impact initiative is positioned to begin and will follow what the authors suggest are three phases: initiating action, organizing for impact, and sustaining action and impact. Collective action initiatives, once established, can last a decade or more. *“Collective impact is a marathon, not a sprint. There is no shortcut in the long term process of social change”* (Hanleybrown, et al, 2012).



# RECOMMENDATIONS

## Summary

Minnesota is well-positioned to achieve the large-scale impacts needed to address the key challenges and harness the key opportunities associated with an aging state. To be successful, all state stakeholders must work to:

- Change our mindsets to view older adults as assets;
- Involve the voice of older Minnesotans in creating and implementing solutions; and
- Create new, bolder levels of collaboration using a Collective Impact approach.

## Focus on Minnesota's Key Issues

Minnesota must address the priority challenges facing its citizens of all ages related to a rapidly aging population, including:

- the underlying financing system for both services and family budgets;
- the growing gap in the caregiving workforce, including both implications for professional and informal caregiving networks;
- unique issues occurring at individual community level, from access barriers to services to issues like abuse and neglect;
- notable set of gaps in how Minnesota views and serves an increasingly diverse set of cultural communities; and
- structural systems and policy supports needed to be successful as well as the active inclusion of older adults in solving these challenges.

“

***More and more people, however, have come to believe that collective impact is not just a fancy name for collaboration, but represents a fundamentally different, more disciplined, and higher performing approach to achieving large-scale social impact.***

”

(Hanleybrown, et al, 2012).



In large part, these issues are not new; they have been accurately forecast for many years and appear well-researched and well-understood by many. Additionally, while it appears there is a high capacity of knowledge for strategies to address these challenges, only shared, cross-sector solutions can effectively leverage the large number of players needed to resolve them — including older adults.

### **Change Minnesota's Mindset on Aging**

Minnesota stakeholders in the aging field must lead the way in shifting the lens by which aging is viewed. Even stakeholders who hold a deep personal respect for older adults, the constant professional and organizational focus on resolving *challenges* associated with aging has led to a gap in the broader public discourse around celebrating the valuable contributions and opportunities associated with a growing population of older adults. As a result, society is offered a problem-based framing to aging rather than a more comprehensive picture that emphasizes the assets of older adults.

### **Engage the Voice of Older Minnesotans**

Minnesota must engage the growing population of talented, knowledgeable, and interested older adults able to help address societal issues. Older Minnesotans can share life experiences and provide important insights. Beyond the cursory focus group, interview, or occasional outreach activity, stakeholders working on policy and non-policy interventions *for* older adults would be better-served by ensuring meaningful engagement *with* older adults. Successfully engaging the voice of older Minnesotans can be done by creating participatory governance models and collaborative activities designed to give the older adults meaningful work and leadership opportunities.

### **Create New Levels of Collaboration via Collective Impact**

Minnesota stands at a unique point in time. This report's environmental scan shows several existing cooperative efforts are already underway, from shared policy efforts to foundation activities to research activities to intergenerational working groups to statewide leadership conversations. Multiple activities and efforts overlap several organizations, yet there is no collective or shared understanding. This results in a number of duplicative activities advancing very similar goals without gaining the added capacity, resources, momentum, or impact that could be achieved by organizations working together more effectively.

Several leaders of key state stakeholder organizations show a high degree of experience working together. In addition, many bring rich careers and experiences of effective and ineffective past collaborations to bear around collaboration development. Inspired by the early success of the ACT on Alzheimer's initiative, which was grounded in a Collective Impact approach, the majority of stakeholders appear open to exploring a

new level of collaboration that builds on this approach, and are further willing to invest in a larger, more encompassing effort.

The preconditions of Collective Impact are to have 1) an influential champion, 2) adequate financial resources, and 3) a sense of urgency for change. Some stakeholders have suggested that a policy mandate— as was the case with the creation of ACT on Alzheimer's— may be needed to encourage all of the needed stakeholders to come to the table.

If an influential champion, adequate resources, and a sense of urgency can be agreed upon, Collective Impact advises that the next five steps would be to:

1. Develop a common agenda;
2. Identify shared measurements to track progress of agreed upon goals;
3. Create mutually reinforcing activities to achieve needed outcomes;
4. Establish continuous communication systems; and
5. Ensure backbone support from the collaboration partners.

One thing is clear: the work that lies ahead is larger than any state government agency, the Board on Aging, or government administration. The work ahead is larger than what can be accomplished through coordinated efforts of the business community, philanthropic community, provider community, or academic communities alone. The Collective Impact approach offers an evidence-based and promising pathway to achieve the necessary results Minnesota will require to meet this unprecedented population boom of older adults.



## Conclusion

Minnesota's community of stakeholders focused on aging is ready for a new level of collaboration, capable of helping advance the Minnesota Board on Aging's mission to *"ensure that older Minnesotans and their families are effectively served by state and local policies and programs — in order to age well and live well."* The challenging issues that lay ahead for Minnesota are well-documented and a rich supply of data and information is readily available. Individual leaders of key stakeholder organizations — as well as the many older adults throughout the state — bring to the table a wealth of experience, relationships, and the wisdom needed to help shape this work ahead.

Minnesota is at a truly unprecedented time in our state's history, in which all residents — especially key state stakeholders — will be called on to change attitudes and advance the common good by working together in new, bolder ways. Inspired by a track record of innovative thinking that puts people first, and bolstered by relationships with trusted colleagues with a shared purpose, a new level of effectiveness is possible.

It is necessary to live in a world of opportunities and assets — recognizing the impacts of an aging society are bigger than each individual alone and filled with both opportunities and challenges. To effectively address both will require new levels of collective action. Only together can Minnesota be successful. Only together can we achieve collaborative solutions for an aging Minnesota.



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# APPENDIX 1: LITERATURE REVIEW

The inventory of issues related to the aging population has been detailed in several scholarly journals and the mainstream media.

Aaron (2014) found that the ratio of the number of workers who pay taxes on their earnings to support Social Security pension benefits to the number of retirees has fallen and will fall further. Based on his finding he supported the argument that the financial burdens resulting from Social Security are becoming insupportable. Orszag (2008) stated that health care spending increases with age, and rising healthcare costs will create an alarming situation for vulnerable individuals as well as policy makers. Cooper and Gould (2013) in their analysis found that about 44.6% of elderly in Minnesota are economically vulnerable based on 2009-11 data and a single economic shock could push them precariously close to or into outright material deprivation. Vanessa G. Perry and Joyce M. Wolburg (2011) stated that apart from the economic angle, there are minority segments within our communities who are at increased risk of falling victim to scams due to language, literacy, and cultural barriers. Bass (2000) pointed out that with a potential reduction in federal anti-poverty efforts, very poor and vulnerable older adults will be dependent on the services available in their immediate communities. The capacity of those communities without a history of providing services to older adults will likely be strained.

According to the Census Bureau, about one-third of older adults in Minnesota live alone, and may lack the built-in support necessary for continued well-being. Kerr et al. (2011) looked at built environment features and used an objective measure of physical activity levels in seniors residing in senior living residences. Challenges lie in determining feasible and cost-effective methods to improve environments that already exist. Further, housing costs have risen, and more than one-third of older adults are housing cost-burdened.

Based on 2010 Census data showing that suburbs of Minnesota are aging more rapidly than cities and comprise a higher share of seniors, Frey (2011) reinforces the notion that, by and large, older Americans will prefer to remain in their homes. In this context, Staplin and Freund (2013) argued that transportation will be a major challenge, both to preserve mobility for seniors as well as to maintain the safety of older drivers and pedestrians. Bass (2000) stated that local career training and employment options for able-bodied older adults will be crucial to ensure their mobility and engagement, which is necessary for active and healthy aging.



The 2012 County Long-term Services and Support (LTSS) Gaps Analysis Survey conducted by the Minnesota Department of Human Services reported several gaps in Aging and Adult services:

- companion service (64%)
- non-medical transportation (60%)
- medical transportation (58%)
- adult day care (57%)
- culturally competent delivery care network (22%)

It is found that the proportion of counties reporting gaps in these areas has grown over the years—for example, the percentage of counties reporting a gap in the area of chore services increased from 28% in 2003 to 65% in 2012. The survey report highlighted several barriers such as transportation for non-medical needs, recruiting and maintaining staff, distance/isolation and affordable housing with service options, low reimbursement rates, uncompensated travel time, and paperwork/training requirements.

Marson and Sabatino (2012) draw attention to the vulnerability of older adults, who hold a disproportionate amount of the nation's wealth. They mention that the depth and breadth of elder financial exploitation cuts across economic, educational, and cultural boundaries, and responses to exploitation are multidimensional, complex, and evolving.

Falls are the leading cause of injury-related deaths and injuries requiring hospitalization or treatment, especially among older adults, therefore more healthcare providers may be necessary. In this context, the evolving scenario of fewer workers per retiree, as argued by Helmstetter (2014), on the basis of the accelerated pace of the number of baby boomers aging out of the workforce coupled with the expectation of a steady number of people entering health care, may strain the healthcare system. The LTSS Gap Analysis Survey identified recruiting and maintaining staff, low reimbursement rates, uncompensated travel time and paperwork/training requirements as major barriers for gaps in services. Also, Warren (2012) mentioned about the arising crisis of volunteerism in meal provision for older adults. In this context, Helmstetter (2014) recognized that it will be beneficial to attend to the needs of the growing number of spouses and family members who serve as informal caregivers; they require support, resources, and respite from providing care in order to maintain their own health.

The inventory of losses and unwelcome burdens is long and has been detailed throughout the literature. Omitted from these calculations, however, is an accounting of what age and aging can contribute to everyone (Thomas and Blanchard, 2012). The World Health Organization notes that, "*while years have been added to life; now we must add life to years.*" Emphasizing this point further, Thomas (2012) stated that the

virtues of aging need to be made visible. Baby Boomers who are retiring now have a wealth of resources that come with age: time, talent, and expertise, and there is a need to tap this potential (Halvorsen et al, 2014). Croo (2014) argued for investing in older adults and making a powerful signal that we value them, their experience, and knowledge.

A combination of economic and political pressures to address social issues has created a demand for government to do more with fewer resources. Agencies must not only look to other public agencies for shared goals and objectives, but also other sectors that have a vested interest in the policy area. These cross-sectoral collaborations can bring together funding, manpower, and knowledge-based resources to tackle a difficult policy problem (Connelly, et al 2008).

Gratz (2012) evaluated the factors that influence participation in voluntary rather than mandated collaborative networks. In their study of four mental health systems, Provan and Milward (1995) state that networks that are integrated and coordinated centrally, through a single core agency, are likely to be more effective than dense, cohesive networks integrated in a decentralized way among the organizational providers that make up the systems. Centralization appears to facilitate both integration and coordination. Knickman and Stone (2007) show that the public/private partnership between the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Robert Wood Johnson Foundation (RWJF) is an example of how public dollars can be leveraged effectively to examine a pressing policy issue and to produce information that can be translated into better policy and practice.

Ashkenas (2015) stated that cross-functional collaboration is easy to talk about but hard to do, particularly because people tend to get stuck in “cooperating” mode. He argues that it takes much more than people being willing to get together, share information, and cooperate. More importantly, it involves making tough decisions and trade-offs about what to do and what not to do, in order to adjust workloads across areas with different priorities and bosses. Tasler (2014) draws attention to “collaboration fatigue” usually developed while addressing complex issues leading to abdication, confusion, and indecision, and emphasizes that such collaborative woes will subside, if we answer these questions— “What is the project’s purpose? Who will make the decisions?”

On the issue of involving the voice of older adults, Helmstetter (2014) emphasized a model of participatory, collaborative governance that involves older people in a meaningful and authentic way in governance and leadership, rather than consulting with them individually or in focus groups.

Kania and Kramer (2011) observed that organizations attempted to solve social problems by collaboration for decades without producing results, and instead stress a “Collective Impact” approach to collaboration for comprehensive large scale change. They lay down five conditions for Collective Impact: a Common Agenda, Shared Measurement Systems, Mutually Reinforcing Activities, Continuous Communication, and Backbone Support Organizations for developing true alignment.

## APPENDIX 2: STAKEHOLDER SURVEY

In order to further develop an understanding of the aging-related issues currently facing Minnesota, the team surveyed key stakeholders focusing on policy and non-policy solutions at the statewide level. This group of stakeholders included a wide range of individuals identified as leaders in conversations around the impact of aging in society, including key leaders representing:

- Consumers and consumer organizations
- Direct Service Providers
- Area Agencies on Aging
- Academic Researchers
- Provider Associations
- State Agencies
- Other Issue Experts

Outreach focused primarily — though not exclusively — on those organizations addressing aging on a statewide basis involved in such collaborative efforts as the Minnesota Leadership Council on Aging, the Own Your Future Minnesota Advisory Panel, the Intergenerational Working Group, and the University of Minnesota's Colloquium on Aging. An emphasis was given to including organizations from a diversity of organizations, including nonprofit, for-profit, and state agencies.

Of the 34 people asked to participate in the survey between June 23 and July 7, 20 people responded. Their responses are included in the summary of data generated by the survey. The survey was delivered online using the University of Minnesota's survey tool, Qualtrics.

Survey respondents were asked to provide their thoughts and opinions on a number of topics related to their experience addressing aging-related issues in Minnesota. They were also asked to identify the top aging-related issues in Minnesota, to list examples of collaborative efforts that were “producing results,” and to rank the effectiveness of Minnesota's aging-related stakeholders in a number of key competencies, among other topics.

## Survey Questions:

### Minnesota Aging Sector

**Q1 Name:**

**Q2 Organization/Agency:**

**Q3 Title:**

**Q4 What do you see as the top 3-5 issues related to aging in Minnesota?**

**Q5 What organizations, if any, do you currently partner with on issues related to aging?**

**Q6 There are a wide range of stakeholders in Minnesota working on issues related to aging. Based on your experience, how effectively are these groups working together on the following:**

	Very ineffective (1)	Mostly ineffective (2)	Neither effective nor ineffective (3)	Mostly effective (4)	Very effective (5)
Collective strategy-setting (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting collective goals (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing knowledge (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing and/or combining resources (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring impact (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building trust among stakeholders (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

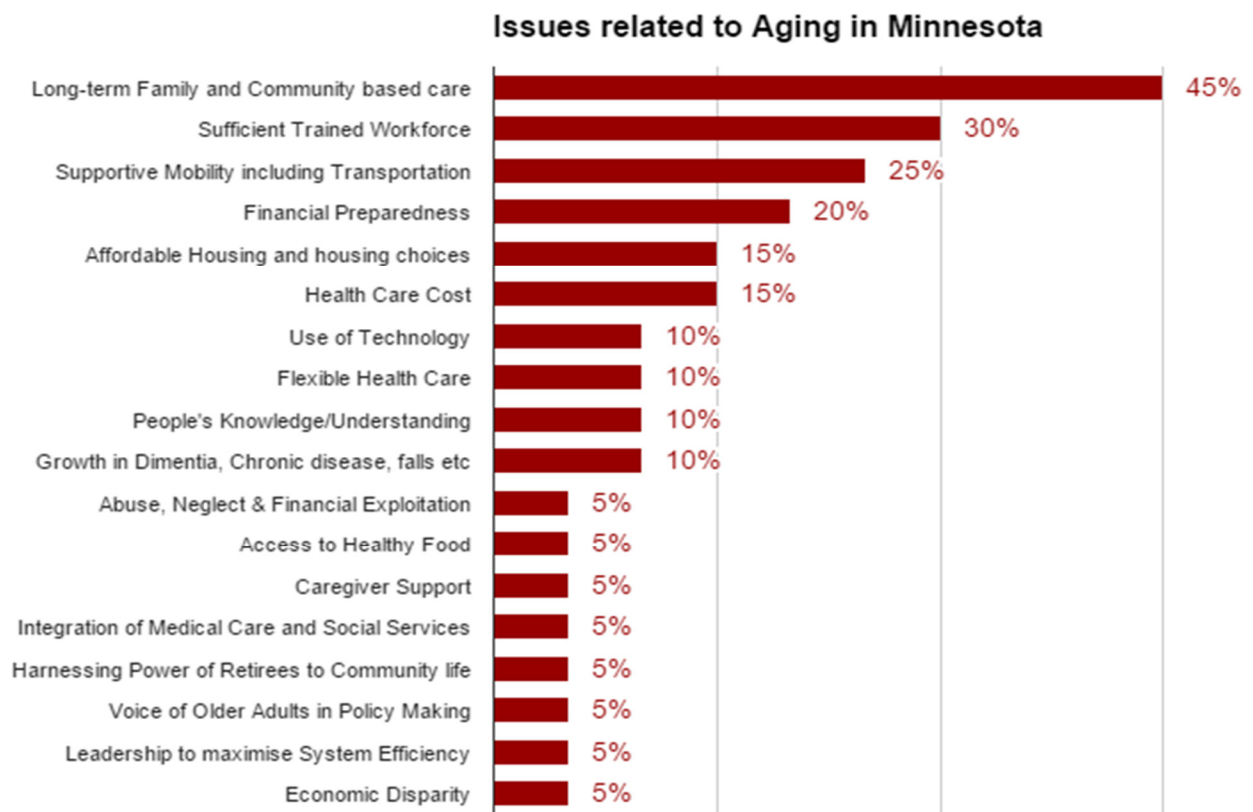
**Q7 Are there examples of collaborations among the groups working on issues related to aging that you think are producing results?**

**Q8 Based on your experience and expertise, what topics could be better addressed by stakeholders working together?**

**Q9 Does your organization incorporate the opinions and values of older adults in your work? If so, how?**

**Q10 Do you recommend that we include any other organizations/individuals in this survey?**

### **Key Issues Identified by Survey Respondents:**



## **APPENDIX 3: KEY INFORMANT INTERVIEWS**

Twelve key stakeholders were interviewed between July 6 and July 24 for the purposes of this report. Key informant interviews were used to add additional insight, depth, and nuance to the data-gathering process.

Some of the interviewees also participated in the survey; in those instances, stakeholders were asked to clarify or elaborate on thoughts that they expressed in the survey, as well as to address overall themes being pulled from the survey results.

Those that did not participate in the survey were asked questions from the survey, as well as follow-up questions related to the overall themes being pulled from the survey results.

Interviews generally lasted between 30-60 minutes, and were conducted by telephone. The interviewers took notes and, when applicable, quoted the interviewees verbatim, sometimes with follow-up communication via email to confirm the accuracy of the quotes.

The following worksheet was used by the interviewers when completing the key informant interviews:



## Stakeholder Interview Worksheet

Name\_\_\_\_\_Organization\_\_\_\_\_

(Before interview: review participant's survey response and familiarize self with his/her organization; see website)

- Introduce self
- Explain project very briefly
- Thank participant for responding to the emailed survey

1. Survey results seem to show a strong interest and opportunity for collaboration among aging community stakeholders. Do you agree?

2. We are interested in your ideas about how to improve collaboration among stakeholders. As an example, our survey data shows with current collaboration, collective goal setting, sharing resources, and measuring impact are viewed as ineffective (not working well). Do you think these are important factors and do you have any suggestions for how this might be improved?

Possible probes:

- What are the gaps/roadblocks to collaboration?
- What ideas do you have to address these challenges?
- If you had a magic wand and could do something creative or innovative, what ideas would you have?

3. Do you think leadership is needed around collaboration? Is anyone currently leading? What group(s) should take the lead to organize collaboration efforts?

## APPENDIX 4: FOCUS GROUP

The focus group was conducted on July 13, 2015, over an approximate two hour time period, at 2550 University Avenue West, Suite 350-South, in St. Paul. Notes were taken during the focus group, at times pausing to accurately transcribe exact quotes from participants.

The focus group included 15 members of the Inter-Generational Working Group, a group of older adults and individuals representing older adult grassroots organizations, including:

- AARP Minnesota
- Catholic Charities
- Children's Defense Fund
- Citizens Federation
- Diversity Alive
- Gray Panthers, Vital Aging Network
- Jewish Family and Children's Service Minneapolis
- Jewish Community Action
- Jewish Family Services
- Lutheran Social Service
- Lyndale United Church of Christ
- Mature Voices Minnesota
- Minneapolis RCC-Retirees Group
- Minnesota PIRG
- Minnesota State Retiree Council, AFL-CIO
- National Council of Jewish Women
- Northland Sustainable Solutions
- Northside Community Reinvestment Coalition
- Office on the Economic Status of Women
- Older Women's League
- Retired Public Health Nurse
- Sabes Jewish Community Center
- Soaring Incorporated
- Trust, Inc.
- Vital Aging Network

## Focus Group Meeting Summary

### Background:

- Based on BOA request, we sought out grassroots stakeholders in aging
- Held focus group of a dozen individuals and organizations July 13, 2015.

### Questions:

1. Minnesota has identified a variety of topics for the White House Conference on Aging today. Are there topics here that you consider higher priorities than others? Any missing topics?
2. Beyond your group, are there other grassroots groups working on aging issues or should be speaking or leading on aging issues?
3. We're going to be sharing feedback— particularly for the Minnesota Board on Aging, but also a variety of state stakeholders on key issues, opportunities for collaboration and input from your group. What do you want them to know about what works and what doesn't work with regard to getting your voices heard?

### Feedback Themes:

- Be RADICAL— unprecedented demographic shifts merit far bigger, bolder and more integrated work around aging as a state (e.g. the BOA memo for the WHCOA was too short, too shallow and too bland).
- Reframe “problems” into “challenges” or “assets” — showcase or create positive ways for older adults to contribute; every older adult has something of value to bring to the table.
- Focus on the attitudes of aging— continuing stereotypes or achieving societal change starts from the ground up in education, workplace practices and is reinforced by the media.
- Connect across generations— look at aging through an intergenerational lens and don't pit generations against each other; be it youth, working years or older adulthood, Minnesotans at all levels must be engaged (e.g. student groups, women's groups, retiree groups)
- Address structuralisms— societal issues such as racial, economic and geographic disparities carry forward into old age and must be addressed.
- Grow beyond focus on service provision to include community-building— aging is more than a medical model of healthcare provision; community organizing/advocacy on aging issues requires financial investments for outreach, mobilization and societal engagement.
- Build new bridges with culturally specific communities— known societal barriers and discrepancies around diversity carry into old age; we must reach out and

meet all people (where they are) to learn their needs if we are to effectively include all Minnesotans.

- Leverage non-traditional community partners— aging challenges are experienced by everyone; incorporate a broader framework for policy and non-policy partners than the status quo stakeholders (e.g. Children’s Defense Fund, unions, women’s groups, community centers).
- Challenge community leaders to act— convene Minnesota’s major foundations and philanthropic partners to address cross-cutting societal impacts of aging.
- Seek virtual engagement with older adults— new technologies and communication tools allow new ways to listen and connect with older Minnesotans, but require experimentation and investment to work.
- Balance short-term and long-term work— from transportation system deficits in the rural communities to prevalent ageism, we must plan and address challenges big and small.

## APPENDIX 5: KEY STAKEHOLDERS

During the course of the research, the team identified the following individuals and organizations as key stakeholders related to aging in Minnesota.

Criteria used to identify stakeholders included 1) primary contacts at Minnesota state agencies with oversight or involvement on issues impacting aging, 2) statewide organizations actively participating in policy and non-policy discussions through known statewide collaboratives, such as the membership of the Minnesota Leadership Council on Aging and participants of the University of Minnesota's Office of The Vice President for Research's Convergence Colloquium on Aging, and 3) issue experts identified by stakeholders via survey responses to the question "*Do you recommend that we include any other organizations/individuals in this survey?*"

AARP Minnesota
Alzheimer's Association Minnesota-North Dakota Chapter
Amherst H. Wilder Foundation
Arrowhead Area Agency on Aging
ARTSAGE
Care Providers of Minnesota
Central Minnesota Council on Aging
Collective Action Lab
Dancing Sky AAA
DARTS
HealthForce Minnesota
LeadingAge Minnesota
Lifetime Home Project
Living At Home Network
Lutheran Social Services

Mature Voices
Meels on Wheels
Metropolitan Area Agency on Aging
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Chippewa Tribe AAA
Minnesota Department of Health
Minnesota Department of Human Services
Minnesota Elder Justice Project
Minnesota Home Care Association
Minnesota Hospital Association
Minnesota Leadership Council on Aging
Minnesota Medical Association
Minnesota Network of Hospice & Palliative Care
Minnesota River AAA
MN Elder Justice Center @ William Mitchell College of Law
Office of Ombudsman for LTC
Southeastern Minnesota AAA
Stratis Health
The Minnesota Gerontological Society
University of Minnesota Center on Aging
Vital Aging Network

## **APPENDIX 6: FURTHER STUDY**

More research should be conducted into society's mindset on aging, in particular to determine if workable methods exist for influencing mindset-changes.

Further study of the Collective Impact approach to social issues would also be helpful, particularly around creating collective goals and strategies. It would also be useful to see how various collaborative efforts around social issues, including aging, have determined common metrics and identified processes for measuring impact.



## APPENDIX 7: CONSULTANT BIOGRAPHIES

### James Murphy



James is pursuing a Master of Public Affairs degree from the University of Minnesota's Humphrey School of Public Affairs. He has a B.A. in Political Science and a B.S. in Film from Boston University. James works as a Graduate Research Associate for Generation Next. He previously served as an Associate on the Community Partnerships team at Booz Allen Hamilton in Washington, DC, focused on national nonprofit partnerships in the health and environment sectors, shaping corporate giving. James has also served at Points of Light Institute/HandsOn Network, managing national grants and volunteer programs focused on improving underserved schools and communities. He is a Teach for America and AmeriCorps VISTA alumnus.

### Sheila Reger



Sheila is currently pursuing a Master of Public Affairs degree from the University of Minnesota's Humphrey School of Public Affairs. She has a B.S. in Communications from St. Cloud State University. Sheila currently serves as a Consulting Manager at the University of Minnesota and has a respected career in state government, including service as Commissioner of the Minnesota Department of Administration, Deputy Minnesota Secretary of State and Human Resources Director for the Minnesota State Colleges and Universities.

### Rajesh Kumar Sharma



Rajesh is pursuing a Master of Public Affairs degree from the University of Minnesota's Humphrey School of Public Affairs. He holds a Master of Philosophy in Statistics from University of Delhi. At present, he serves as Director in the Department of Administrative Reforms and Public Grievances for the government of India, where he leads the Governance Knowledge Centre. In his 15 years career of Indian Civil Services he has been involved in policy making and monitoring of public programs in diverse sectors, including agriculture, rural development and defense.

### Adam Suomala



Adam is pursuing a Master of Public Affairs degree from the University of Minnesota's Humphrey School of Public Affairs. He has a B.A. in political science from the University of Minnesota. He serves as Vice President of Membership and Strategic Affiliations at LeadingAge Minnesota, the state's largest non-profit Association dedicated to enhancing the experience of the aging and representing over a thousand aging services organizations. He joined the organization in 2000 and has served in a variety of roles, from four legislative sessions as a lobbyist to his current work overseeing membership, workforce development strategies, organizational partnerships and new projects.